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BENNETT ON PULMONARY TUBERCULOSIS,

SIXTEEN PAGES.

### CLINICS.

*Statistical Report of the Principal Operations performed in the London Hospitals during the Month of December, 1853.*

**Lithotomy.**—The three cases reported last month have since recovered. Two operations have been performed during the month. The first was by Mr. Le Gros Clarke on a boy in St. Thomas's Hospital. The patient was six years old, and in good health; a mulberry calculus was extracted by the lateral method, and he recovered very quickly. The second was by Mr. Moore, in the Middlesex Hospital, on a healthy boy from the country, aged seven. He left the hospital well four weeks afterwards.

**Herniotomy.**—All the cases previously reported have recovered. Number of operations during the month, 9; of which 5 have recovered, 1 is in danger, and 3 are dead. Several of these were cases of great interest. Case 1 was a femoral hernia in a woman,

aged 53, under Mr. Stanley's care, in St. Bartholomew's; strangulation 96 hours; taxis scarcely used; sac not opened; recovered well without special after-treatment. Case 2.—An elderly woman, also under Mr. Stanley's care; strangulation 33 hours; taxis had been much abused before admission; sac not opened; the symptoms of peritonitis which came on afterwards were subdued by opium, and she recovered well. Case 3.—A man, aged 24, in Guy's, under Mr. Hilton's care; tumour very large; strangulation nearly 4 hours; sac not opened; recovered well. Case 4.—A woman, aged 50, under Mr. South's care, in St. Thomas's; strangulation one week; sac opened; the gut buret during the operation, and fecal matter escaped; death six hours afterwards; acute peritonitis was found; only a part of the caliber of the gut had been constricted; its coats were ulcerated through at the seat of stricture. Case 5.—A man, aged 30, under Mr. Simon's care, in St. Thomas's Hospital; strangulation 36

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hours; sac opened; a large quantity of universally adherent omentum was found, and concealed in it a small knuckle of intestine; the operation involved a very careful and protracted dissection. Tympanitis came on afterwards, and death on the second day resulted. At the *post mortem*, only the indications of commencing peritonitis were found. *Case 6.*—A man, aged 43, admitted almost moribund into the Middlesex Hospital, under the care of Mr. Shaw; strangulation four days; much taxis; sac opened; bowel of deep red colour, and ecchymosed, but not gangrenous; reduced, but some omentum left in the sac; the omentum sloughed, and on its separation fecal matter escaped; the man has had no peritonitis, and is doing as well as can be expected. *Case 7.*—A man, aged 40, under Mr. De Morgan's care in the Middlesex Hospital; a large scrotal tumour; strangulation 18 hours; sac opened; nothing but omentum found in sac; it was ligatured and cut away; the man has recovered well. In this case, although no intestine was involved in the hernia, yet the symptoms of strangulation had been well marked. *Case 8.*—A woman, aged 60, under the care of Mr. Wordsworth in the London Hospital; femoral; strangulation 40 hours; sac opened; favourable progress under free use of stimulants. *Case 9.*—A woman of middle age, under the care of Mr. Lloyd in St. Bartholomew's Hospital; strangulation four days; sac opened; intestine gangrenous; the intestine was opened, and left in the wound, the stricture having been divided over it; she lingered several days in a precarious condition, and then sank.

*Trephining of the Skull.*—A man was admitted, insensible, into the London Hospital, under the care of Mr. Adams, having received a violent blow over the right temple. There was great swelling, but no wound. At first, the symptoms were those of concussion only, but twenty hours afterwards an epileptiform fit occurred, after which, well-marked indications of compression set in. Venesection to  $\frac{3}{4}$ xxx. having been practised without relief, Mr. Adams cut through the scalp to expose the seat of injury. A fissure having been found extending in such a direction as to cross the course of the middle meningeal artery, the trephine was applied, and some bone having been removed, a large clot was found be-

tween the dura mater and cranium. The dura mater was not injured, and the clot having been with some difficulty removed, the symptoms of compression disappeared. On the following day, and throughout the next week, the man was perfectly sensible, though somewhat drowsy. On the ninth day erysipelas occurred, with rigors, and a relapse into a state of coma. The dura mater being tense, and bulging into the wound, Mr. Adams punctured it, and let out a large quantity of serous fluid, without, however, any relief. Death took place on the fourteenth day, and the autopsy showed acute and general meningitis.

*Ligature of Arteries.*—A case is in St. George's, under care of Mr. Johnson, in which the femoral has been tied on account of a punctured wound. The operation was necessitated by recurring hemorrhage eighty hours after the accident. The man is doing well; we shall probably publish the details of his case at a future time. A second case is in St. Bartholomew's, under the care of Mr. Lawrence, in which a young man was admitted six weeks after having received a deep wound between the first and second metacarpal bones. The bleeding had broken out again four days before admission, and continued afterwards to recur. Mr. Lawrence cut down and tied both ends of the radial artery at the wounded part. The man is doing well. By Mr. Lloyd, in St. Bartholomew's Hospital. Ligature of the radial artery, above and below a wound which had been inflicted by a piece of glass. The patient has done well.

*Aneurism.*—Mr. Hilton's case of popliteal aneurism, in which compression is being pursued, remains under treatment, and almost *in statu quo*. (During the present month two cases of popliteal aneurism have been admitted into St. Mary's, and are now being treated by compression.)

*Amputations.*—The cases reported last month, including the one in which phlebitis was suspected, may be considered convalescent. There have been performed, during the month, 13 amputations—the subjects of which are, 10 of them doing well, and 3 dead. Of these, five were amputations at the thigh for diseased knee-joint, by Messrs. Lawrence, Fergusson, Hawkins, Tatum, and Simon. Mr. Fergusson's patient, a young man, did well at first, but, after a time, was attacked by phlebitis, and died on the twenty-first day. The femoral vein was

found full of pus, and there was a small abscess in one lung. Mr. Hawkins's patient died apparently from exhaustion, a week after the amputation. The other three cases are recovered. Two cases of primary amputation of the leg, both performed by Mr. Ure in St. Mary's Hospital; one patient, an old man of 63, died from the shock of the severe accident he had sustained; the other is under care. One case of secondary amputation of the leg, recovered. One case of primary amputation of the arm, above the insertion of the deltoid, by Mr. Simon; the man has recovered well. Two cases of amputation at the ankle-joint, for diseased tarsus and for compound fracture; one by Mr. Fergusson, in King's; the other by Mr. Ure, in St. Mary's; both are doing well. One of Chopart's amputation, for diseased tarsus, by Mr. De Morgan, in the Middlesex; and another of amputation at the metatarso-phalangeal joint, on account of compound fracture, by Mr. Lawrence, in St. Bartholomew's; both recovered. A man, whose leg had been amputated by Mr. Lloyd in St. Bartholomew's Hospital, and whose stump was so nearly healed that we had considered him convalescent, has died within the last week from prostatic abscess and gangrene of the penis. The cause of death had thus no connection with the operation.

*Excision of Bones, Joints, etc.*—The two cases of excision of the wrist-joint, that of the head of the femur, and those also of parts of the tarsus, previously reported, all remain under care. In Mr. Fergusson's wrist case, some more portions of the carious carpal bones have been removed. In Guy's Hospital, Mr. Cock has operated, during the month, on two cases of diseased tarsus, removing large portions of bone; the patients are progressing favourably. In St. Thomas's, Mr. Clarke has performed the successful excision of a part of the upper maxilla on account of a malignant growth from the gum which adhered to the bone. Mr. Simon has removed the whole of a carious metacarpal bone of the thumb from a man who had suffered from disease about the part for five years. Mr. Partridge's case, of somewhat similar character, as also Mr. Hilton's, are still under treatment.

*Removal of Necrosed Bone.*—Eleven operations for the removal of dead bone (the long bones) have been performed during the month, and, together with seven of

those previously reported, their subjects continue under care.

*Excision of Malignant Growths.*—Four out of the six cases reported last month have recovered; the other two are doing favourably. During the month, one case of scirrhous of the mammary gland has been operated on, with favourable result. One case of epithelial cancer of the prepuce. The patient in the latter was under the care of Mr. Moore, in the Middlesex Hospital. He was 65 years old, and had perceived some induration of the prepuce for nearly a year, but there had existed a distinct tumour for only about a month. The glands in the groin were not indurated, and the disease being quite in an early stage, the case was one very favourable for operation. The whole penis was amputated, and the wound soon healed. One case of very extensive epithelial cancer of the lower lip and integument of the chin, operated on in Guy's Hospital, by Mr. Hilton. The portion removed was very large, and, to close the wound, the adjacent skin had to be dissected up and united by means of harelip pins. The result was very successful, union by first intention occurring in almost the whole extent. A case of epithelial cancer of the lip, operated on by Mr. Lloyd, in St. Bartholomew's Hospital, remains under care. In University College Hospital, Mr. Quain has, in one case, extirpated the eyeball, on account of a tumour in the orbit, which, from its progress, had appeared to be malignant; under the microscope, however, it displayed only fibro-plastic characters. In St. Thomas's Hospital, Mr. Simon excised part of the tongue of an elderly man, for a very suspicious looking growth. Mr. Simon was afterwards, from the result of microscopic examination, inclined to believe that it was warty, and not really cancerous.

*Excision of Non-Malignant Tumours.*—With three exceptions, the cases previously reported are recovered. Seven operations have been performed during the month, all of them successfully. Two were for fibro-cutaneous outgrowths from the labia; two for fatty tumours on the shoulder; one for epulis; one for sero-cystic tumour of the breast; one for an exostosis, the size of a pigeon's egg, from the border of the bicipital groove of the humerus.

*Puncture of the Bladder.*—This operation has been performed once during the month on account of impassable stricture. The

patient is in charge of Mr. Cock, in Guy's Hospital, and remains under treatment.

*Operations for Urethral Stricture.*—The cases reported last month are still under treatment. In one case of impermeable stricture, in which, during the month, urethrotomy was performed, death resulted from subsequent peritonitis. In another, under the care of Mr. De Morgan, in the Middlesex Hospital, the operation of cutting down on the end of the sound just anterior to the stricture, with the intention of prolonging the incision into the proximal part of the urethra, was performed. Mr. De Morgan was not at the time successful in introducing an instrument, but he stated that he believed nevertheless that the obliterated part of the canal had been divided. The patient has done well, and a catheter has subsequently been passed through the whole urethra. The man had, on a previous occasion, had a similar operation performed in another hospital, and he had also had his bladder punctured by the rectum.

*Paracentesis Thoracis.*—The case in St. George's Hospital remains under treatment, and the operation has again been performed.

*Paracentesis Abdominis.*—In *Ascites* four times, in all with relief. *Ovarian Dropsy* five times; one of the patients died of exhaustion afterwards; there was found at the autopsy a collection of multilocular cysts, in one of which suppuration was commencing.

*Ligature, etc. of Nævus*—Operations for the cure of nævus have been performed in six cases. In one, under the care of Mr. Cock in Guy's Hospital, the injection of the solution of perchloride of iron has been practised a second time, with the effect of rendering the tumour solid, and without any evil consequence. We leave the others, several of them of peculiar interest, for a future detailed report.

*Fistula in Ano.*—Four cases remain under treatment, and five operations have been performed during the month; all are doing favourably. In one, under the care of Mr. Cock in Guy's Hospital, stricture of the rectum also existed, and was divided at the same time that the fistula was laid open.

*Operations for the Cure of Ununited Fracture*—The two cases in St. Bartholomew's Hospital are yet under treatment, and the result cannot in either be spoken of with certainty.

*Plastic Operations.*—Mr. Quain's case of rhinoplasty has, after a small second operation, been discharged well. The other cases previously reported remain under care. Mr. Paget informs us, respecting the case on which three months ago he operated for a large urethral fistula, and apparently without success, that since the man left the hospital, the process of healing has gone on with so much of contraction, that the aperture is now nearly closed, and the man can at times pass urine through the whole length of the canal. Three cases of single harelip have been successfully operated on. In a case of cut throat, in which the wound remained open, Mr. De Morgan, in the Middlesex Hospital, performed the operation of paring the edges, and then uniting them by sutures; it has only partially succeeded.

*Ligature of Varicose Veins.*—Mr. Erichsen has successfully treated a case of varicose veins of the leg in a woman, in University College Hospital, by the needle and twisted suture. No inconvenience attended the measure.

*Employment of Galvanic Caustery.*—The cases remain under care.

*Neurotomy.*—In King's College Hospital, on a patient who suffered from severe neuralgia, unrelieved by ordinary means, Mr. Bowman performed subcutaneous division of the trunks of the infra-orbital and of the mental branch of the inferior dental nerves. Very great relief has been afforded.

*Operations for Cataract.*—No extractions have been performed at the general hospitals during the month. The two cases undergoing treatment by *absorption* remain under care.—*Medical Times and Gazette*, January 21, 1854.

## CHOLERA.

*Review of an "Analysis of the Official Reports on Cholera in Sweden, in the year 1850, by Dr. FR. TH. BERG."* By EDWARD CARLTON, M. D.

(Continued from page 31.)

Some of the best illustrations of the introduction of the pestilence may be found in the report of its progress through the various islands that stud the coast of Sweden.

On the 10th of November, a boatman, already labouring under cholera, returned

from G $\ddot{u}$ theborg to Lofoen in the *Sk $\ddot{a}$ rg $\ddot{a}$ rd*; he recovered, but his wife and mother both took the disease and died. The persons who placed the deceased in their coffins carried the malady to another island, Bratt $\ddot{u}$ , and from thence it passed to the mainland adjoining. The parish of Ucklum remained free from cholera till the end of October, when a labourer, Nils Magnusson, returned home from the S $\ddot{a}$ etter, or hill pastures at Str $\ddot{o}$ m, where several persons had already died of the disorder. Nils recovered, but four persons in his house took the disease, of whom two died. A young woman who attended on these last, sickened and died, and was shortly after followed by her father, who had nursed her in her illness. A labourer, who lived in the house of the last named person, died at a cottage about six English miles off, when the cottager next took the disease, and died on the same day. It is observed in the Report, that none but those who had communication with the infected suffered from cholera. No precautionary measures were adopted in this district, or in the greater part of the neighbourhood of G $\ddot{u}$ theborg.

The island of Tj $\ddot{o}$ rn is separated from the mainland of Sweden by a narrow sound. Great alarm was felt by the inhabitants when the disease appeared at G $\ddot{u}$ theborg, but their measures of precaution seem to have been lamentably deficient.

The reports of the district physician, Dr. Ossbahr, plainly show that the inhabitants of Tj $\ddot{o}$ rn really exposed themselves in every way to the pestilence, and that they were in such a condition, as regards their customs and their habits, as pre-eminently to favour the progress of cholera. The mortality in Tj $\ddot{o}$ rn seems to have much exceeded the usual average. Out of 51 cases 20 deaths are recorded.

In Aseby, where the disorder first appeared, the greater part of the inhabitants were attacked, and only three recovered. It was observed too on the other farms, that most of the cases occurred in one or two houses or families. The excessive mortality in Aseby is ascribed by Dr. Ossbahr to the circumstances that three families, which had before inhabited separate chambers, all, upon occasion of the first death from cholera, crowded themselves into a single room, wherein children and adults, the diseased and the healthy, continued to reside in the most extreme misery and filth. Moreover,

numerous relatives from other farms flocked in to see them, and many of these becoming infected were carried to their own houses, and were the means of spreading the disease in other places. So excessive, however, was the fear of the pestilence among the people of Tj $\ddot{o}$ rn, that at first, continues Dr. Ossbahr—

“It was impossible for me to obtain attendants to wait upon the sick, except among their nearest relations. At length, I succeeded in persuading a few, both men and women, to undertake this office; but, alas! after a few days, the best and the most active nurse, Anna Olsdotter, took the disease, and, still worse, she died!!

“When I first arrived on the island (November 30), I earnestly entreated the authorities not to permit the healthy and the diseased to remain in the same chamber. This, however, was neglected, or no measures were taken to enforce obedience. During the first days of my residence in Tj $\ddot{o}$ rn, the doors of the infected houses were constantly closed to me, nor could I anywhere obtain the requisite attendance on the sick; but no inhabitant ever hesitated to attend the funerals of the cholera victims, where brandy, with camphor dissolved therein, was swallowed in immense quantities.” (p. 194.)

As to the mode in which the disorder was introduced, Dr. Ossbahr's report is at variance with that of the local authorities. The latter assert that not one out of at least 100 individuals who visited G $\ddot{u}$ theborg, while the cholera raged in that town, were affected with the disease either there or on their return to Tj $\ddot{o}$ rn. Dr. Ossbahr tells us a very different story, without, however, directly contradicting the above assertion:—

“From what I ascertained in Tj $\ddot{o}$ rn, a man of the name of Rutger Jonasson, a son of Jonas Pehrsson, in Aseby, had visited G $\ddot{u}$ theborg on the 6th of November, and had there purchased various articles of clothing which had belonged to persons there dead of cholera. These clothes were made up into a bundle by Jonasson, and were brought by him direct to Aseby, where he placed the bundle in a chest, and allowed it to remain there for eight or ten days. One day, when a number of his relatives were assembled at Aseby, the bundle was taken out by Jonasson, with the remark that, ‘the things had now lain by so long that there could be no danger of infection,’

and he accordingly offered the articles of clothing for sale. The clothes were handled and examined by those present, and purchased by some. The day after (November 16), Jacob Christiansson, a man of 76 years of age, and one of those who had been present at Jonasson's house on the above occasion, was attacked with cholera, and one after another, all who had been there on the 15th, to the number of six individuals, fell victims to the disorder." (p. 195.)

The parish of Quille lies 30 or 40 English miles to the north of Tjörn, and no case of cholera had occurred in the intervening district. The disease here broke out on the 17th of November, shortly after the arrival of three boatmen from the infected district of Wenersborg.

In Lilla Edet, on the left bank of the Götha Elv, about 120 cases occurred, nearly one-half of which proved fatal. Here, as in other places, it was remarked that many persons whose bowels had been habitually constipated for years, became perfectly regular in their evacuations during the prevalence of cholera, but when the pestilence ceased, their bowels again became inactive.

Of four nurses employed at Lilla Edet, two were affected with cholera. The disease was perhaps more widely spread in this district, from the circumstance of its inhabitants being mainly employed on the "Ströms" Canal, which is cut through the rocks from the Wener Lake to the Götha River, to avoid the Falls of Trollhätta. The amount of commerce on the Ströms Canal may be inferred from the fact, that from the 20th of September to the 29th of October, 1850, 562 vessels passed through the sluices at Trollhätta, and in many of these, in their voyage up the river from Göteborg, cholera had appeared. The people of Lilla Edet were therefore in constant communication with ships and with individuals coming from the infected district of Göteborg.

In the parish of Asbrücke, the first case of cholera was that of Peter Andersson, who had visited his brother, Andrew, in the parish of Fuxerna (8 or 10 English miles off), while the latter was labouring under the disease. Peter Andersson sickened in his brother's house, was brought home to his own cottage, and there died. Five more of his household took the disease, of whom three died. Of his whole family the widow alone survived.

At the Falls of Trollhätta, there is a considerable population of 1,400 to 1,500 souls. Here 96 cases of cholera occurred with 43 deaths. The causes of this high mortality are best given in the words of the report:—

"Unhealthy and crowded dwellings, want and intemperance, greatly increased the number of victims; and it was observed that the malady was peculiarly severe in those families where many individuals resided in one or two small rooms; while, when cholera did appear among the better classes, it seldom spread to the rest of the household, especially where the dwellings were large, airy, and well kept. Two old persons, man and wife, who lived about an English mile from Stafvered, but were not known to have had any communication with infected persons, were attacked with the disease almost at the same hour, and both soon died. A woman, aged 30, who attended them, took ill two days after at her own house, but gradually recovered; while her aged parents, residing in the same dwelling, fell victims to cholera after about a day's indisposition. A boy of 6 years of age lived also in the same room, but on the death of the old people and the illness of their daughter, he was sent home to his father, who resided in a wretched cottage at Stafvered. On the day of his arrival there he sickened and died; directly afterwards a girl in the same house was attacked and soon expired; and two children were likewise affected, but recovered. Many of the nurses who tended patients in some of the more remote and more wretched tenements, were carried off by cholera." (p. 219.)

The first case of cholera in Skeplanda parish occurred in the person of Anders Jonasson, who, on the 29th of September, had visited Göteborg, to bring home his son Andrew, who was working there. On the 1st of October, this son was attacked with diarrhoea, vomiting, and cramps. In the night of the 3d of October, the father was seized with the like symptoms, and died on the 4th, at two in the morning. Another son, Hans, sickened on the 6th, and died on the following day.

At Wenersborg, a few miles above the Falls of Trollhätta, the Götha Elv flows out of the great inland lake of the Wenersee. The tide of commerce from Göteborg, which has hitherto been confined to the limits of the Götha River, here spreads



out to the various ports situated on this vast expanse of waters. One of these ports is the town of Amal, containing 1,297 inhabitants, and situated on the northern shores of the Wener Lake. Here 58 cases occurred, but only 12 deaths, which may be explained by the fact that the disorder prevailed a good deal among the better classes.

On the 7th of October, a ship arrived from G theborg, in which cholera had broke out four days after leaving that town. We cannot, however, trace the introduction of the disease to this vessel, or to the fact of one of the victims of the pestilence having been buried in the churchyard of Amal. On the 13th of October, the steamboat *Arvika* arrived from Wenersborg (an infected port), and the passengers are then said to have been in good health, but on board of this boat were a number of workmen returning to their homes far up the country beyond Amal, and many of these men, as we shall presently have occasion to relate, carried the pestilence with them to their own distant dwellings. Between thirty and forty miles to the east of G theborg lies the parish of M ne, where a few cholera cases occurred, while the intervening district for at least 20 miles enjoyed perfect immunity from the disease. The first case was that of Gustav Johansson, aged 25, and an intemperate man, who, on the 9th of November, returned from G theborg, after having purchased there the clothes of some of the cholera victims. He was seized with cholera on the 11th, but recovered. On the 20th of November, his father, and shortly his mother and two young relatives, were attacked. During their illness they were attended for two days by a cottager's wife, Maria Andersdotter, who sickened in their house with the same symptoms, and being carried home to her own dwelling, died there on the 26th. A soldier's wife, Annicka Winberg, nursed the last-named patient for two days, and died of cholera on the same day. On the 28th, her husband was carried off by cholera, and on that day also his son, who, after attending his mother's funeral, had returned to his own dwelling at some distance, and there was seized with the usual symptoms. His wife, his child, and an old man who frequented his house, were likewise severely affected. A woman, Sarah Blix, who had come from a distance of two miles to wash and clothe the bodies of Annicka Winberg

and others, sickened on the 27th of November at her own home. She was attended for two days by her daughter-in-law, who became also affected with cholera, but both eventually recovered.

In the next parish of Timmelhed, the following cases were observed: Johannes Andersson, aged 36, sickened on the 22d of November, after having visited G theborg on the previous day. On the 29th, his wife sickened, and died after 18 hours' illness. The same evening his mother-in-law, and also a child of a year old, were attacked, and both died on the following day. On the 2d of December, his daughter, Maja, was seized with cholera, and died on the 6th; and a girl in the house suffered from the same symptoms, but recovered. The house was now shut up and watched, and the disease did not spread farther.

We have now traced the course of the pestilence along the G tha River upwards from G theborg, to where it debouches from the Wener Lake. Some of the traffic from G theborg passes into the interior of Sweden, to the east of the Wener Lake, by the G tha Canal, which connects that lake with the W tern-See. The G tha Canal joins the Wener-See at S j rtorp. From the 20th of September to the 9th of October, 36 vessels passed the sluices of the canal here, and proceeded to the eastward. All these vessels were from the infected districts of G theborg or Wenersborg, and few or no precautions against the importation of the disease seem to have been taken. The first case occurred on the 9th of October, in the person of a labourer in the dockyards at S j rtorp. He died after 14 hours' illness; his brother, who attended him, sickened on the same day, and died on the 11th. The brother-in-law of the first-named victim attended the *post mortem* of his relative, and took ill immediately after, and died on the 12th. A few hours after, his daughter was attacked, and she died on the 13th. The individuals who attended on these patients all suffered more or less from sickness and diarrh a, but the disease did not spread further. The clothes &c. of the dead were carefully fumigated, and the house was avoided by the neighbours.

Cholera also appeared in an isolated spot in Wanga Parish, about 15 E. miles due south of Lidk ping, on the Wener-See. Here 46 cases occurred, with 18 deaths. The first case was that of Gustaf Gabriels-

son, who had been to Gûtheborg on the 12th of November to sell poultry. He was taken ill of cholera on the 17th, but eventually recovered. A soldier, aged 33, who had conversed with this man in the open air, after his return, but had not visited his house, took the disease on the 22d of November, and before the 28th of that month two of this man's children died of cholera, while another child and his wife were severely affected. On the 27th of November, the nurse who attended the above was attacked, and died on the 4th of December. During her illness, five of her children took the disorder, of whom three died. On the 2d of December, the nurse who had succeeded the above in attendance on the soldier's family, sickened, and on the 4th of that month two of her children took the disease, and one only recovered. The village where these cases were observed was, as regards its sanitary condition, eminently favourable to the progress of cholera. Large dunghills were accumulated around the cottages, the inhabitants were crowded together in dark and filthy chambers, to which fresh air never found access; while their diet was little, if at all, superior to that of the Irish peasantry. They seem, too, to have been a rude and uncultivated race, for the Report goes on to state, that one afternoon the peasants forcibly entered the hospital, with the view of expelling all the inmates, and this for the sole reason that their maintenance occasioned a heavy expenditure to the parish!

On the north side of the Wener Lake, on a promontory in the district of Näs, lies the parish of Eskilsätter. Into this isolated district cholera seems to have been introduced by the yacht *Anna Maria*, which sailed from Lidköping on the 14th of October, after having taken on board several labourers, who had come thither from the infected districts on the Gûtha Elv. During the voyage across the Wener Lake, two of the passengers became affected with diarrhoea and vomiting; and on the same afternoon, the skipper of the vessel, Nils Olsson, was seized with the same symptoms, and died on the 17th, on an uninhabited island off the coast. On the 19th of October, another of the crew, Gustav Carlsson, was similarly affected, but he so far recovered as to be able to reach his own home at Getterud in Eskilsätter Parish, where he was visited on the 20th by Dr. Ekegreen, who

pronounced his case to be one of genuine Asiatic cholera. This man recovered, but on the 21st, his mother, who had attended upon him, was seized with cholera, and died on the morning of the 23d. A young woman, who had likewise acted as a nurse to Carlsson, was affected with the usual symptoms, but recovered. The clothes of the captain of the yacht were taken to his home at Gaperhult, and shortly after, a young woman in the house where they had been deposited was seized with cholera. A fresh crew was now put on board of the ill-fated vessel, and she sailed from thence towards Carlstadt; but on the 2d of November, the new captain died of well-developed cholera. The clothes of Nils Olsson at Gaperhult were now carefully fumigated, and the house was closed; the same was done at Getterud, and the disease did not spread further. Dr. Ekegreen remarks—

"Whatever differences of opinion there may have been regarding the efficacy of measures for *shutting out* (*utstängande*) the cholera, all seem to be agreed as to the advantage of *shutting in* (*inestängande*) the disease when it has made its appearance in a house, whether in a village or in the country." (p. 296.)

To the north of the Wener Lake, and thirty or forty English miles inland from Amal, lies the secluded district of Fryxdahl. About thirty workmen from this locality had been for several months employed in the construction of the new prisons at Wenersborg, above Trollhätta. The first cases of cholera in Wenersborg were reported on the 10th of October; and on the 13th of that month, thirty-three of these men embarked in the steamboat *Arvika* to return to their homes. On the 15th, they landed at the village of Arvika, and then separated into parties to make their way home. One of these men, Hakan Nilsson, was attacked on the succeeding day, and died at a hamlet on the road. His brother, who lived at a considerable distance, hearing of his illness, hastened to see him, but Hakan Nilsson was dead before he arrived. The brother immediately returned to his own home, and died there on the night of the 19th, of cholera. The clothes of Nilsson were carefully fumigated, and the malady did not spread. A larger party of these labourers took a route to the eastward of Arvika, and crossing a considerable tract of country, rowed over the Fryxen Lake to



Ostra Emtervik, and there separated to go to their different dwellings. Three of this party were now attacked with cholera—viz: Jons Olsson on the 17th, Jan Jonsson on the 19th, and Olof Jonsson on the 20th. The first two died, each after 24 hours' illness; the last recovered. All these men lived in separate cottages, at a considerable distance from each other. On the 22d, Mans Ersson, who inhabited the same room as the above-named Olof Jonsson, was attacked with cholera, and expired after five hours of suffering. This man had not, for a long period, left his home, and had had no communication with any infected locality or person, excepting with Olof Jonsson. The same night, Olof Olason, dwelling at Sodra As, sickened of cholera, but recovered. He had been foreman of the workmen at the prisons at Wenersborg, and had also visited Jöns Olsson when the latter was taken ill. On the 23d, Jan Nilsson, another of the workmen from Wenersborg, was seized with cholera. On the 24th, Sven Pettersson and his wife, residing at a little distance from the hamlet of Lerbratarne, where the above cases occurred, both sickened of cholera, and these individuals had, a day or two before, visited the people at the above-named hamlet. On the 25th, Brita Olsdotter, widow of Mans Ersson before mentioned, was attacked with cholera, as was likewise Olof Jansson in Ostmanby, whose son had been one of the workmen at Wenersborg, and had returned with them, but was not himself affected. The village of Lerbratarne was now carefully secluded, and no further cases appeared.

*Treatment of Cholera.*—Dr. de HUBBENET, in an essay on the cholera as observed at the Military Hospital of Rien (Russia) in 1848—recently submitted to the Medical Society of the Paris Hospitals—states that the remedies which have in turn been extolled cannot be depended upon. He has seen the following fail completely: the saline injections into the veins—they were tried upon six patients without any good results; galvano-electricity (one of the wires placed on the rectum, and the other on the epigastrium) did not prevent death in the consecutive fever, though it produced some reaction; inhalations of oxygen were of no avail, neither the inhaling of carbonic acid gas, as advised by a physician of Teflis; the cold-water treatment was also un-

successful, sixty-one patients out of ninety-eight so treated having been lost; chloroform only momentarily alleviated cramps; nor was there any advantage derived from quinia, ether, valerian, and other antispasmodics, together with nux vomica. The author was, however, somewhat luckier with opium given in the first stage in two and three grain doses, or half a grain every hour or half hour. In the second stage ipecacuanha, with vapour baths and frictions, were found of some use.—*Lancet*, Jan. 21, 1854.

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*The Principles on which the Treatment of Cholera should be based.*—Dr. SNOW read a paper on this subject before the Medical Society of London, Jan. 21, 1854. He said that the absence of settled opinions respecting the nature of cholera was the cause of the various and contrary plans on which it was treated. In the greater number of epidemic or self-propagating diseases, the morbid poison entered the blood in some way, and after multiplying itself during a period of so-called incubation, it affected the whole system, the illness commencing by fever and other general symptoms. Cholera, on the other hand, commenced with an effusion of fluid into the alimentary canal, without any previous illness whatever, and the subsequent symptoms were the result of the change in the blood occasioned by this effusion of its watery part. The analyses of the blood of cholera patients, performed by Dr. O'Shaughnessy, Dr. Garrod, and others, proved that its thick and tarry condition was caused by the loss of a great part of its water, together with a portion of its saline constituents. The physical state of the blood prevented it from passing through the capillaries of the lungs, except in very small quantity, and these occasioned the symptoms of asphyxia; whilst the arteries throughout the body, being almost deprived of blood from the same cause, produced the coldness and other symptoms of collapse. These circumstances indicated that the immediate action of the cholera poison was confined to the alimentary canal, and this view was confirmed by the circumstance that all the general symptoms could be removed for a time by the injection of a weak saline solution into the veins, which merely replaced the portion of the blood which had been lost, and could not remove

the effects of a poison circulating in that fluid. The preliminary diarrhœa with which the greater number of cholera cases commenced, could generally be cured by the ordinary remedies for diarrhœa, which could not have any effect on a poison circulating in the blood. The evidence respecting the mode of communication of cholera that he had brought before the Society on a previous occasion tended also to show that the *materies morbi* entered the alimentary canal by being accidentally swallowed, and there propagated itself, and was discharged in the evacuations. The following were the principles of treatment which the above view of the pathology of cholera suggested:—

1. Medicines should be chosen which have the effect of destroying low forms of organized beings, and of preventing fermentation, putrefaction, and other kinds of molecular change in organic matter. Prepared animal charcoal, sulphur, and creosote were amongst the agents which deserve a more extended trial.

2. The remedies should be administered with a view to their action in the stomach and bowels, and not to their being absorbed.

3. They should be given in such quantities and in such a form as to insure, as much as possible, their application to the whole surface of the alimentary tube.

4. These medicines should be continued till there was no danger of a return of the purging.

5. It was useless and injurious to attempt to bring the patient out of the state of collapse by stimulants and the application of heat, and they should give watery drinks, and be content to wait till they were absorbed, unless in desperate cases, in which it might be desirable to inject into the bloodvessels a weak saline solution, resembling the portion of the blood which had been lost.—*Lancet*, Jan. 28, 1854.

*Cholera in England*.—Only one case of cholera was reported as having occurred in London during the week ending Jan. 21.

It is stated in the *Lancet* of the 28th Jan. that cholera of a most virulent type has broken out at Cardle, among the slate quarries of the Duke of Breadalbane. The attacks number 10, and the deaths 4 daily.

*Cholera in Paris*.—It would appear from documents which have been published, that

the disease broke out in the French metropolis on the 11th of November, 1853. Up to the 28th of the same month, 116 patients were admitted in the different hospitals, and 57 cases occurred among persons already in the wards—total, 173; of whom 79 died. The deaths in town were 42; and in the suburb, called Bercy, 16. Total number of deaths, 136 in seventeen days. From the commencement (11th of November) to December 7—hospital patients, 478; deaths, 102. In the town, the deaths had been 93. Up to the 13th of December, 1853, 624 cases in hospitals; deaths, 253. At the present time the disease may be looked upon as having almost disappeared. On the 29th of December, 1853, the returns were as follows: From the outbreak of the epidemic (November 11) to the 29th of December in the evening, 931 patients had been admitted into the hospitals. 336 had been discharged; and 421 had died. 174 were still under treatment. The admissions for the last few days of the year had been very few. On the 29th, for instance, only 7 cases were received into public institutions; 18 were discharged; and 1 had died. In private houses, there had been, up to the 19th of December, 1853, 251 deaths from cholera.—*Lancet*, Jan. 21.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Naval Medical Board*.—A Board of Naval Surgeons will assemble at the Naval Asylum, Philadelphia, on Monday, March 6, 1854, by order of the Hon. Secretary of the Navy, for the examination of Assistant Surgeons for promotion, and candidates for admission into the Medical Staff of the Navy.

The Board will consist of  
Surgeon Thomas Dillard, President;

“ James M. Greene, and

“ W. S. W. Ruschenberger,  
members; and Passed Assistant Surgeon  
A. A. Henderson, Recorder.

The following is addressed to all candidates:—

### GENERAL ORDER.

NAVY DEPARTMENT.

February 1, 1854.

1. Hereafter a Board of Surgeons in the Navy shall assemble annually at such place

as may be designated by the Department, about the close of the lecture seasons of the Colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, and the examination of Assistant Surgeons who may be candidates for promotion.

2. The Board will select from the qualified candidate for admission, such a number of the best as may be necessary to meet the demands of the service for the following year.

3. As vacancies occur in the Medical Corps of the Navy, appointments will be made from the qualified candidates in the order of succession in which they may be named by the Board; but no appointment will be given to any such candidate who is over twenty-five years of age.

4. No qualified candidates will be held over for appointment after one year, but all such must be re-examined and take position in the class in which they are last examined.

5. Every candidate for admission will be examined, strictly and carefully, as to his physical capacity for the service, and the Board will make a separate report in each case, which will be forwarded *direct* to the Department, to be placed on file with the testimonials of the candidate. The examination will precede that as to professional qualifications, and no candidate who is not physically qualified will be examined professionally.

6. In order that the relative position of Assistant Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

7. Assistant Surgeons, who are candidates for promotion, shall present to the Board testimonials of correct deportment, and habits of industry, from the Surgeons with whom they have been associated on duty; also, a Journal of Practice, or Case Book, in their own handwriting. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

J. C. DOBBIN,  
*Secretary of the Navy.*

*The Philadelphia College of Physicians,* at a late meeting, appointed the following delegates to the American Medical Association, at its seventh annual session, May,

1854: Drs. Charles D. Meigs, Jno. B. Bid-  
dle, George B. Wood, Samuel Lewis,  
Francis G. Smith, Isaac Hays, James M.  
Greene, John Neill, Lewis Rodman, John  
D. Griscom, S. L. Hollingsworth, and  
Robert Bridges.

*Philadelphia County Medical Society.*—

At a meeting of this Society, held January 18, 1854, the following delegates to the American Medical Association, and to the State Medical Society were elected, viz:—

*To the American Medical Association.*—

Drs. William Ashmead, Thomas T. Bet-  
ton, Charles H. Bibbighaus, Benjamin H.  
Coates, Levi Curtis, G. Emerson, Edward  
Hallowell, Edward Harshorne, S. C. Hus-  
ton, N. L. Hatfield, Alexander C. Hart,  
Wilson Jewell, Alfred L. Kennedy, Wm.  
H. Klapp, John F. Lamb, Rene La Roche,  
Samuel Lewis, J. H. B. McLellan, W. S.  
W. Ruschenberger, Isaac Remington, R.  
H. Townsend, J. S. Zorns.

*To the State Medical Society.*—Drs. Wm.

Ashmead, T. E. Beesley, Thomas F. Bet-  
ton, Charles H. Bibbighaus, Benjamin H.  
Coates, D. Francis Condie, Isaac Comly,  
G. Emerson, James V. Emlen, George  
Fox, David Gilbert, Edward Hallowell,  
Isaac Hays, Henry Harshorne, Nathan L.  
Hatfield, A. Helffenstein, Jacob Huckel,  
John H. Ingham, Samuel Jackson, Prof.  
Samuel Jackson, Benj. S. Janney, Wilson  
Jewell, Alfred L. Kennedy, Joseph Klapp,  
Wm. H. Klapp, S. Littell, Samuel Lewis,  
E. F. Leake, J. H. B. McLellan, George W.  
Norris, William B. Page, John M. Pugh,  
Isaac Remington, Lewis Rodman, W. S.  
W. Ruschenberger, Moses B. Smith, Robt.  
P. Thomas, John F. Trenchard, Francis  
West, Casper Wister, George B. Wood,  
Joshua H. Worthington, Thomas H. Yar-  
ley, Jacob S. Zorns.

Published by order.

ROBERT P. THOMAS,  
*Assistant Secretary.*

*Births, Marriages, and Deaths in New  
York.*—The city inspector's register shows  
that, during the month of December, 1853,  
there were in the city of New York 1,604  
births, 385 marriages, and 1,944 deaths.  
If the ratio of births and deaths was the  
same in the country as it is in large cities,  
the world would ultimately be depopulated,  
without flood or fire. City atmosphere is  
especially fatal to the coloured race. The

statistics for December show that, while only 18 coloured children were born, 43 coloured persons died.

*The Mortality of a Week.*—During the week ending on Saturday, the 11th Feb., the number of deaths in the city of New York was 496. Smallpox has become the most prevalent and fatal disease in the list. It carried off 57 victims during the week, while consumption, which has hitherto been the most prevalent disease, killed only 55. There was also 2 deaths from varioloid.—*New York Commercial Advertiser.*

*Mortality in Philadelphia.*—The whole number of deaths during the month of December, 1853, in the city of Philadelphia, as shown by the report of the Board of Health, was only 682—including 12 still-born.

During the week ending Saturday, Feb. 11, the total mortality was 204. The largest mortality was from consumption, which numbered 34. There were but two deaths from typhoid fever, one from typhus fever, and two from smallpox.

The mortality for the week ending Feb. 18, was 215, including 9 stillborn: 27 deaths were from consumption, 16 from inflammation of the lungs, 1 from typhus, 2 from typhoid fever, 13 from convulsions; only 1 from smallpox.

*Medical Institution of Yale College.*—At the annual examination on the 26th of January last, ten candidates were examined and recommended for the degree of M. D.

*Medical Students in St. Louis.*—There are in regular attendance on lectures in the medical department of St. Louis University about 130 students. In the medical department of Missouri University about 70 students.—*St. Louis Med. and Surg. Jour.* Jan. 1854.

*The American Medical Monthly.*—This is the title of a new journal, the first number of which was issued in January last, and which is to appear monthly. It is conducted by the Professors in the New York Medical College. Dr. Edward H. Parker, who originated and conducted with much ability the *New Hampshire Journal of Medicine*, is the editor, and we are happy again to find him among the editorial corps.

## FOREIGN INTELLIGENCE.

*Excision of the Knee-Joint.*—Mr. SMITH introduced at a meeting of the Medical Society of London (Nov. 19, 1853), for the inspection of the fellows, two persons on whom this operation of excision of the knee-joint had been successfully performed by Mr. Jones, of Jersey, who was present at the meeting, and who had been induced at his request to allow them to be brought here. All those present must be aware that much discussion had been carried on respecting this operation, and that a great deal of opposition to it had arisen in certain quarters, and unfortunately we had not yet had sufficient experience in London to lead us to form a definite conclusion respecting the merits of the proceeding in question. In other parts of Great Britain, however, it had been adopted with great success, and especially in Jersey, by Mr. Jones, who had had six cases, five out of which were now quite well. Two of these patients were now presented. One of them, a young man of twenty, walked up the room without any artificial appliance whatever, and was able to use his limb very extensively, it being perfectly straight, and only half an inch shorter than his fellow, so that it is not necessary for him to wear a high-heeled boot. The knee is ankylosed, there being hardly any movement. The man is in perfect health, and stated that he had walked as far as six miles together, and is now enabled to carry on his occupation, which is that of a house-painter. The other was a boy, aged twelve, on whom the operation of excision had been performed seven months only. The limb was quite straight, as in the other, and there was perfect bony ankylosis at the knee. In this instance, however, the patella had been left so that the boy had full power of lifting the limb, inasmuch as the attachment of the great extensor tendon was left. It was noticed that this little boy walked up the room with the aid of two sticks. This was explained by the existence of a circumstance which rendered the case very interesting. This was a dislocation of the hip of the opposite side, which had occurred spontaneously from disease some few weeks after the operation. Fortunately, however, the disease in the hip had become arrested, and the patient, although he ordinarily used two sticks, was enabled to walk, resting

upon the arm of another person. He was daily getting strength, and doubtless in time would be able to progress with facility. If, however, amputation of the thigh had been done, and he used a wooden leg, the dislocation of the hip on the other side would have prevented progression, the superiority, therefore, of excision of the knee-joint was doubly shown in this example.

Mr. Jones had operated in six cases; in five of these the operation was successful. The sixth would have been equally satisfactory, but the patient, a lady, died ten days after the operation, of dysentery, which was then prevalent. One of the patients he had operated upon could run well up a ladder, and another play at foot-ball. He had brought the two patients just exhibited up to London, to seek the opinion of the more experienced surgeons here, with a view to determine whether the operation were a legitimate one, or should be abandoned.—*Lancet*, Nov. 26, 1853.

*Causes and Treatment of Tetanus.*—Dr. JACKSON states (*Indian Annals of Medical Sciences*) that within the tropics, and at certain times of the year, the slightest cause will bring on tetanus, proving fatal within a few hours. I have known a healthy young woman (European) attacked with tetanus on the third day after a favourable confinement, and die on the fifth. I have known a healthy young native woman, after miscarriage, seized, and die within thirty-six hours; and I have witnessed a poor child, brought by its parents, who had been subjecting him to a beating for obstinacy in not opening his mouth and answering them, or taking any food, who was labouring under trismus, the effects of a burn, and who died within twenty-four hours. I have known it result after the operation of hernia when the cicatrix was forming, and the patient die. I have seen tetanic spasms come on during the same operation, whilst returning the intestine, and death result within twelve hours. I have seen it occur after amputation of a limb; from the irritation of dentition; from the irritation of the navel on the fifth day. I have several times found it arise from a slight wound on the ball of the great toe, caused by the man striking his foot against a rattan mat; and I have known the same to occur when the specific poison of hydrophobia has been absorbed.—*Treatment*: I have, up to a late

period, looked upon almost every case as hopeless. From seeing the benefit after venesection, and a dose of laudanum and aloes, with most perfect rest in a dark room, in the treatment of a horse, I have subjected my patient to a similar plan, but it did not succeed. I have divided the posterior tibial nerve in two cases where the injury was in the foot; no relief in one case, and the other died from cholera. The tobacco I have tried with some degree of benefit, but the exhaustion was extreme, and the patient died. Ice to the spine, opium, and camphor I have tried, but have no faith in them; hemp with aloes, with somewhat better success; chloroform also, but it was not until I had used this in combination with the hemp and aloes, supporting the patient with good diet, quinia, and, if needed, with wine, that I have met with anything like success.

—*On the Medicinal Properties of the Coffee Arabica.* By W. HAMILTON, M.D.—It is an important fact in vegetable physiology, which becomes every day more fully developed, that the active properties of the fruit are frequently, if not universally diffused in a greater or less degree throughout the leaves, bark, and other parts of the plant; thus, the leaf of the *Vitis vinifera* has been long known to possess the same property of yielding wine by proper manipulation as the berry; and a similar property is now ascertained to reside in the leaf of the coffee shrub, which, by due torrefaction, as has been recently shown in the *Pharmaceutical Journal*, is capable of yielding a beverage equal in all its sensible qualities to that obtained from the torrifed berries. But the importance of this discovery may not be confined to the economical, but may also be found to extend to the medicinal properties of coffee, which, becoming reduced in price by this important discovery, may possibly come more extensively into use.

Calculous complaints are among the most frequent and perhaps the most painful maladies of our island, and are not uncommonly connected with gout and rheumatism; but it is not generally known that the free use of strong coffee, unadulterated with chicory, or any of those other substances with which it has been too much the practice of dishonest dealers to deteriorate the genuine article, is almost a specific for these painful afflictions.

It has been observed by Dr. Mosley, in his "Treatise on Coffee," that "the great use of coffee in France is supposed to have abated the prevalence of the gravel. In the French colonies, where coffee is more used than in the English, as well as in Turkey, where it is the principal beverage, not only the gravel but the gout, those tormentors of so many of the human race, are scarcely known. Du Four relates, as an extraordinary instance of the effects of coffee in gout, the case of M. Deverau. He says this gentleman was attacked with gout at twenty-five years of age, and had it severely till he was upwards of fifty, with chalk stones in the joints of his hands and feet; but for four years preceding the account of his case being given to Du Four to lay before the public, he had been recommended the use of coffee, which he adopted, and had no return of the gout afterwards."

But its efficacy is not confined to the cure or mitigation of these maladies. Sir J. Floyer, who had suffered under asthma for more than sixty years without finding relief from any of the numerous remedies he tried, was at length cured, when above eighty years of age, by the free use of coffee. Other instances of the efficacy of coffee might be adduced, but enough perhaps has been already stated to induce those who labour under these maladies to make a trial of its efficacy, and convince the dealers in the article of the inhumanity, no less than the dishonesty of imposing spurious, in place of unadulterated coffee upon their credulous customers.

It is to be hoped that the important fact of the capability of cultivating the coffee shrub in the lowlands, no less than the sub-Alpine regions of the tropics, for the harvest of its leaves, may lead to its more extended planting both in our East and West Indian possessions, since not only would an additional value be thus given to ground little suited to other tillage, but a valuable addition made to the staple crops without increasing the amount of human labour in their production. When the dried coffee leaves become, like those of the tea of China, an established article of import into this country, it may be hoped that the market price will undergo such a reduction as to render adulteration no longer profitable, and to induce thousands to prefer this exhilarating beverage to the vile compounds of sloe and rose leaves palmed upon purchasers as

the genuine tea of China.—*Pharmaceutical Journ.*

*Duration of Life among Medical Men.*—According to Dr. GUY, the duration of life is greater among physicians and surgeons than among the general practitioners of medicine and surgery. 2. That this great longevity of the former is only in part explained by a less amount of exposure to contagious diseases and other professional risks. 3. That the duration of life of members of the medical profession (being chiefly physicians and surgeons) does not differ materially from the duration of life of the clergy. 4. That the duration of life of medical men has somewhat increased during the last three centuries.—*Athenæum*, Jan. 1854.

*Penalties to which Medical Men are exposed in the discharge of their Duties.*—Judges, including justices of the peace, are protected in the discharge of their duties; counsel are not responsible for the opinions they deliver, or for the proceedings they advise, and jurymen incur no penalty by returning verdicts even contrary to evidence. But the medical profession enjoys no such immunity. Medical men, for acts done in the discharge of their duty, are exposed to legal penalties, and may be subjected to vexatious lawsuits on the weakest and most unfounded allegations. Of this a remarkable illustration is afforded by the case *Rough v. Rough, Lyell, and others*, tried before the Lord-Justice Clerk and a jury, on the 9th of August last.

The circumstances of that case are briefly these:—

The pursuer, *Rough*, was brought from a distance to her mother's house in a state of insanity, in February, 1847. Dr. *Lyell*, of Dundee, at the request of her relatives, had several interviews with her, for the purpose of examining into her state of mind; and thereby, and also from inquiries at her relatives and others, and correspondence with the medical man who attended her previously, satisfied himself of her insanity. Accordingly he granted a certificate, on a petition to the Sheriff of Edinburgh, for warrant to confine her, and this certificate was subsequently signed by Drs. *Moir* and *Scott*, of Musselburgh, after they had carefully examined the patient. A warrant was thereafter obtained for her confinement in



an Asylum, near Musselburgh, where she was in consequence placed. She remained and was treated there down till about Aug. 1850. By that time she had improved in health, and was, in consequence, permitted to remove and board with a family in the village of Ormiston.

Having afterwards recovered, or at least alleging that she was sane, and had never been insane, she brought an action against her relatives and others, and also against the medical men, to recover damages from the former for having wrongously confined, or caused her to be confined, and wrongously detained, or caused her to be detained, in the asylum; and from the latter for granting their certificates without due inquiry and examination.

Drs. Lyell and Scott (Moir being dead) were compelled to defend this action, and after a costly record had been made up, issues were adjusted, and the cause set down for trial—much trouble and great expenses were incurred in getting up evidence and preparing. The day of trial came. A host of counsel appeared for the parties. A jury was empanelled and the trial commenced. But so utterly groundless was the pursuer's case found to be, that, after two or three of her witnesses had been examined, her counsel gave it up altogether, and the judge had to direct the jury to return a verdict for the defenders, in respect there was no evidence to go to them.

The result of this triumphant refutation of the pursuer's accusation is, that Drs. Lyell and Scott, for conscientiously certifying what they believed to be true, are amerced in a heavy bill of costs. For, although the verdict entitles them to decree for expenses, that decree will, it is believed, be utterly worthless.

Surely, for such a grievance a remedy should be provided. It is absolutely necessary that medical men should be protected for acts done in the discharge of their duties. As the law presently stands, actions may be raised against them by every half-witted creature who falls into the hands of a litigating agent, on the allegation that what they did was done without due inquiry and examination. But it is plain that it must always be difficult to prove due inquiry and examination. For physicians do not generally parade their actings in cases of lunacy, or publish the infirmities of their patients to the world at large. Hence, as

the slightest evidence offered by the lunatic throws the burden of proof upon the medical man, due inquiry and examination should be presumed, if malice, or conspiracy, or culpable negligence be not alleged and proved. For these are the essence of crime, and a charge against a medical man of knowingly certifying a sane man to be lunatic, is truly a crime. It is plain, that if the prosecutor has a case, proof of malice, or conspiracy, or culpable negligence could as easily be offered as evidence of the want of due inquiry and examination—so the public interest would not suffer; while it is equally plain, that if some such security be not afforded to medical men, they must very often be unduly exposed to actions as groundless, and litigations as vexatious, as this case of Rough's has been proved to be.—*Monthly Journ. Med. Science*, October 1853.

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*Graveyard Poisonings*—Dr. Sutherland, one of the graveyard inspectors to the Home Office, has been seriously indisposed from inhaling poisonous gas, the escape from decaying corpses in a graveyard that he inspected. He is, however, now recovering. Dr. Walter Lewis is ill from the same cause.—*Ibid*.

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*New Dispensary System in France*.—The *Moniteur* of the 22d of November published an article of which the following is a translation: "An important and salutary innovation in the Administration of Public Aid has been introduced under the direction of the Emperor. The following is a very summary account of the new arrangement. The number of medical attendants at the *Bureaux de Bienfaisance* is fixed at 159; they will be distributed among the twelve *arrondissements* in proportion to the indigent population. Their services will no longer be gratuitous; they will each receive a salary of 600 francs (£25) in the central quarters, and of 1,000 francs (£42 13s. 4d) in those parts, such as the Quarter *Pepincourt*, the *Invalids*, *Petit Pologne*, &c., where the indigent circumstances of the population do not give an opportunity of making a practice, while the distance to be traversed increases the labour of visiting. There will also be in each *arrondissement* paid midwives. The medical attendants will be presented by the *Bureau de Bienfaisance*, and proposed by the Director of Public Aid;

they will be elected for six years, and will be capable of re-election. Stations will be appointed in the different quarters, at which patients may consult medical officers, who will be bound to attend at fixed days and hours, and to remain as long as they may be required to give advice. A member of the Bureau de Bienfaisance will be present on each occasion. The medical attendants will visit at their own houses those who may not be able to attend. A register will be opened at the office of each bureau, in which will be inserted the names and residences of all the patients, the date of the commencement of their treatment, and all other necessary information. Patients with acute diseases will be visited at least once a week by an Administrator or Commissioner of Public Aid, who will enter on a schedule such observations as may occur to him, principally with regard to the medical attendance which the patients are receiving. A committee composed of the president, or of a vice president of the bureau, of a governor or commissioner, of the treasurer of the bureau, and one of the medical officers, will meet every week to debate on subjects regarding attendance on the patients, and especially on the visiting lists. They will determine what aid it may be proper to afford, in medicine, food, linen, &c., or even in money. In urgent cases, the president may in the intervals advance such aid as is absolutely needed, and of this he shall render an account to the committee. Persons not enrolled as paupers, such as needy workmen, persons with large families, or those who are in any way very destitute, will be attended at their own houses, either at their own request, or at the requisition of the mayor, or one of the administrators of the bureau in their district, or at the instance of the Director of Public Aid."

*Medical Spirit-Rapping in Paris.*—Certain renegade medical practitioners of the French capital are speculating upon the delusion of table turning and spirit-rapping. The practice consists in calling upon the spirits of departed physicians and surgeons of renown to prescribe for the ailments of the sick, who come to trouble the Elysian repose of these great men. Dupuytren, Corvisart, Laennec, and others are daily called upon to give the anxious applicants the benefit of their experience. A simple wish is sufficient, and the spirit answers.

A gentleman was stating the other day that he had been conversing for half an hour with the shade of Orfila.—*Lancet*, Jan. 21.

*Naval Medical Stores.*—About fifty tons of medical stores were sent out from Southampton, on Friday, by the Peninsular and Oriental Company's steamer *Rajah*, to the British fleet in the Black Sea. These stores were contained in nearly 250 packages, and their contents comprised everything that would be necessary after a great naval battle, such as crutches, knee-caps, bandages, apparatus and instruments for surgical operations, every requisite for gunshot wounds, &c. The whole of these stores were sent from Haslar. They will reach Constantinople in about a fortnight.

*Paris Academy of Sciences.*—M. Elie de Beaumont has been elected Secretary, in place of the late M. Arago.

*New Vaccination Act.*—The compulsory vaccination act, which has lately gone into effect in Great Britain, has given rise to much dissatisfaction, as might have been anticipated. It is most unjust and oppressive to the profession, exacting from them a large amount of gratuitous labour.

*Sanitary Condition of Newcastle.*—Dr. MELIER, who was lately sent to England to inspect the cholera in Newcastle, has declared that, although he has been called upon to visit and inspect some of the worst conditioned French towns, he has never seen any so bad as the condition of those parts of Newcastle most severely visited by the late epidemic. It is a curious fact, and one strongly illustrative of the influences of a bad sanitary condition in favouring the occurrence of epidemics, that the first case of cholera, in Newcastle, in 1831, in 1849, and in 1853, all occurred in the same house, and in the same room.

*Indictment of the Proprietor of an Anatomical Museum.*—At the Sheffield sessions, an indictment was preferred against the proprietor of an anatomical museum, for a misdemeanour in committing a public nuisance by indecently exposing to public view "certain filthy, obscene, and indecent figures, calculated to offend public decency and demoralize society." The grand-jury returned a true bill.